

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	PH	69652	10/28
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		71176	2/7/11

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/02
2		✓	3/5/02
3		✓	3/5/02
4		✓	3/5/02
5		✓	3/5/02
6		✓	3/5/02
7		✓	3/5/02
8		✓	3/5/02
9		✓	3/5/02
10		✓	3/5/02
11		✓	3/5/02
12		✓	3/5/02
13	✓		3/5/02
14		✓	3/5/02
15		✓	3/5/02
16		✓	3/5/02
17		✓	3/5/02
18		✓✓	
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21		✓	
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28	✓	✓✓	
29	=	=	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here